Wyoming Department of Health

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Grants and Quarterly Reports Update

Call 1-877-278-8686, Participant PIN: 774368 For the Audio Portion of this Presentation

Michelle Ammerman, Interim Administrator
February 2009

http://www.wyomingaging.org

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Programmatic Goals and Priorities

1. Empower Wyoming's Older Adults, their families, and other consumers to make informed personal decisions about, and to be able to identify and easily access, existing social, legal, health and long-term care options and services.
2. Enable Wyoming's Older Adults to remain in their own homes and communities with high quality of life for as long as possible through the provision of home and community-based services, including support for family caregivers.
3. Empower Wyoming's Older Adults to stay active and healthy through programs and services administered by and funded through the Aging Division, including evidence-based health promotion and disease prevention programs.
4. Ensure the rights of Wyoming's Older Adults and prevent their abuse, neglect, and exploitation.
5. Commit to a culture of staff and provider excellence, clearly demonstrating impact and program effectiveness, and a strong sense of contribution in the provision of services to Wyoming's Older Adults.
6. Continually expand our knowledge of new and changing issues facing Wyoming's Older Adults, and properly respond to those issues.
7. Maintain consistent, effective, accountable and responsive management and stewardship of the public's resources.

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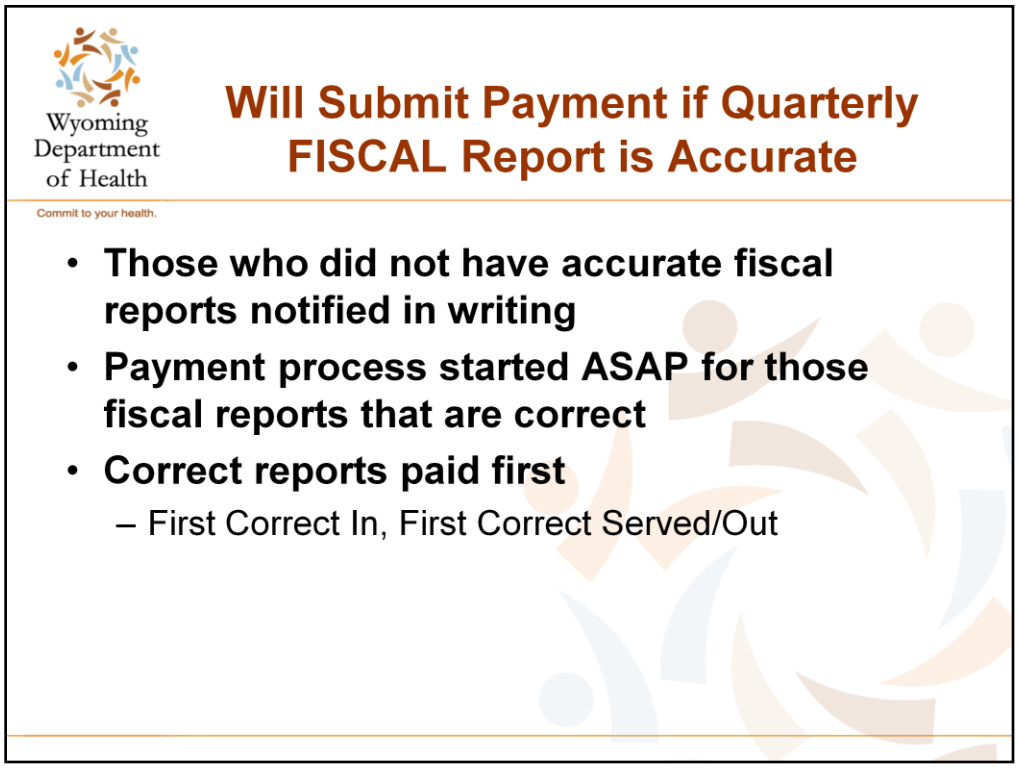
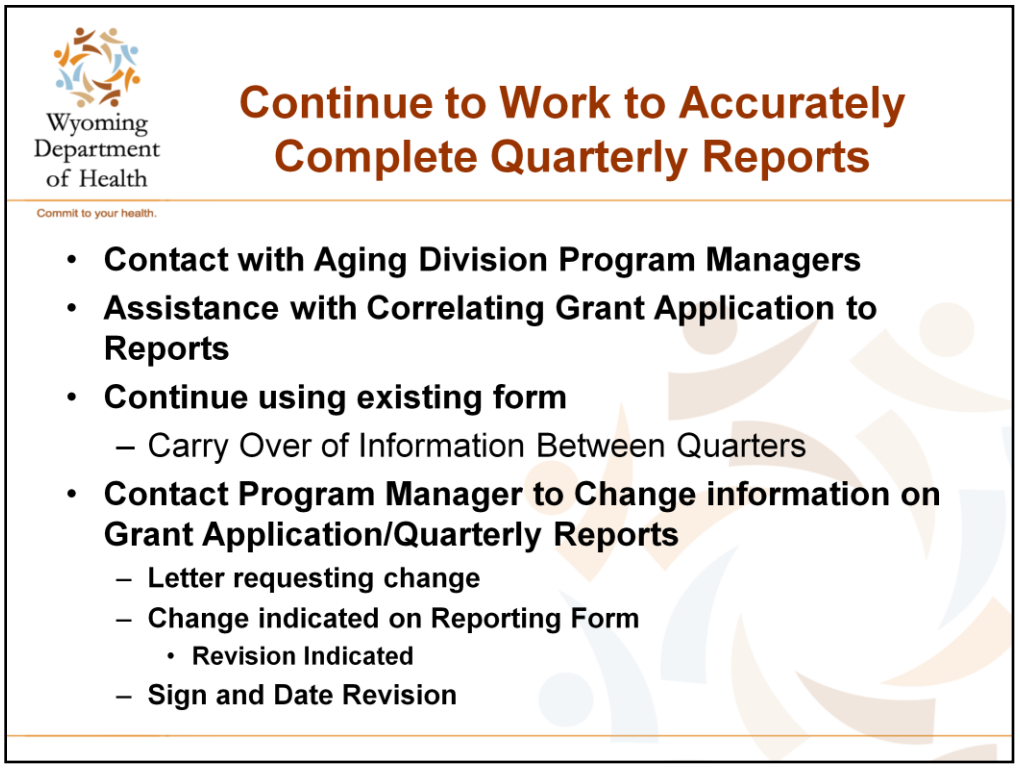
Array of Feedback on New Form(s)

- Formal Letters Praising New Forms
- Phone Calls Expressing Appreciation
- Emails Expressing Frustration
- Phone Calls Expressing Frustration

As the Interim Administrator for the Aging Division, the buck stops with me. I made a mistake. I apologize. I will do what is necessary to correct that mistake.



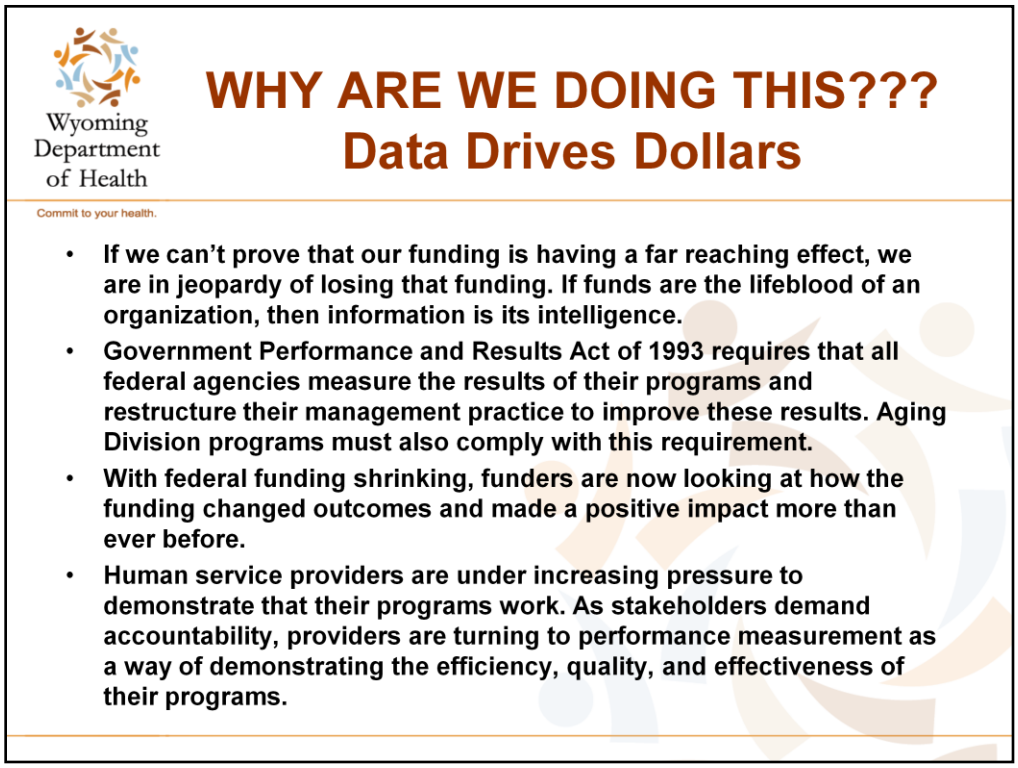
Fiscal report must be correct for us to begin the payment process.



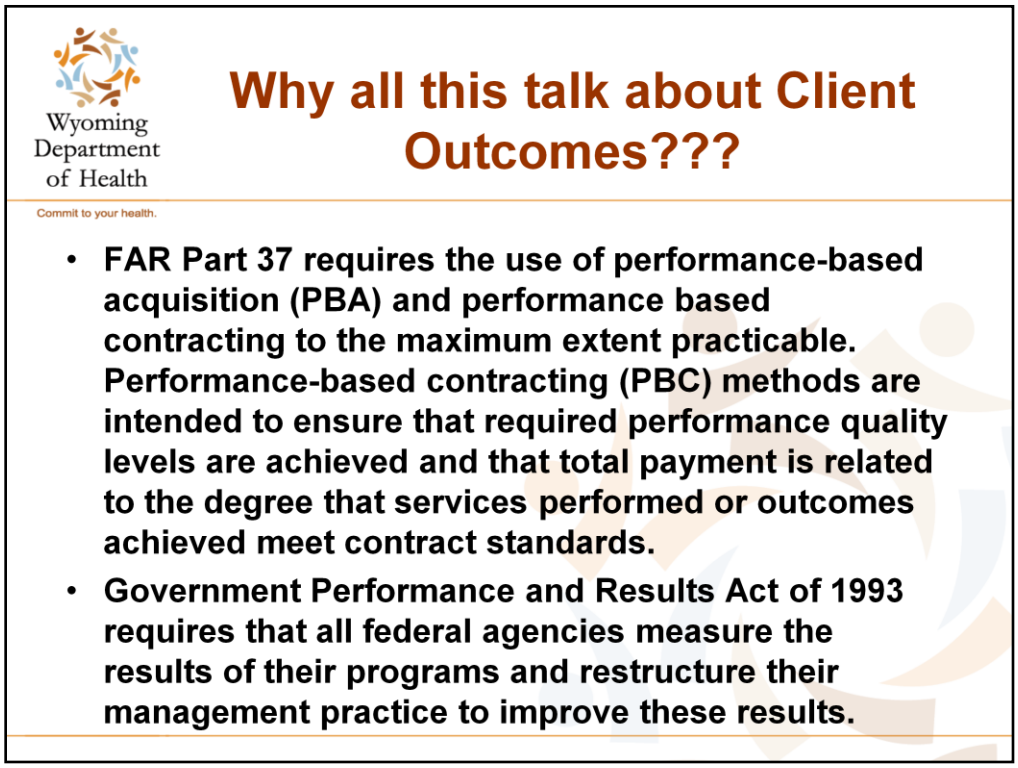
If you have turned in your Grant/Quarterly Report, and it is accepted, IT'S DONE. We will not ask for revisions.

If you must do a revision, it must be revised on the quarterly report form. The data in the form carries over between quarters for reporting.

Contrary to what you may have heard – No, there is no BONUS to Aging Division Staff if we reject a Grant or Report – The bonus comes when they are all correct. We are salaried employees. We make the same amount if we work 40 hours a week or 80 hours a week.

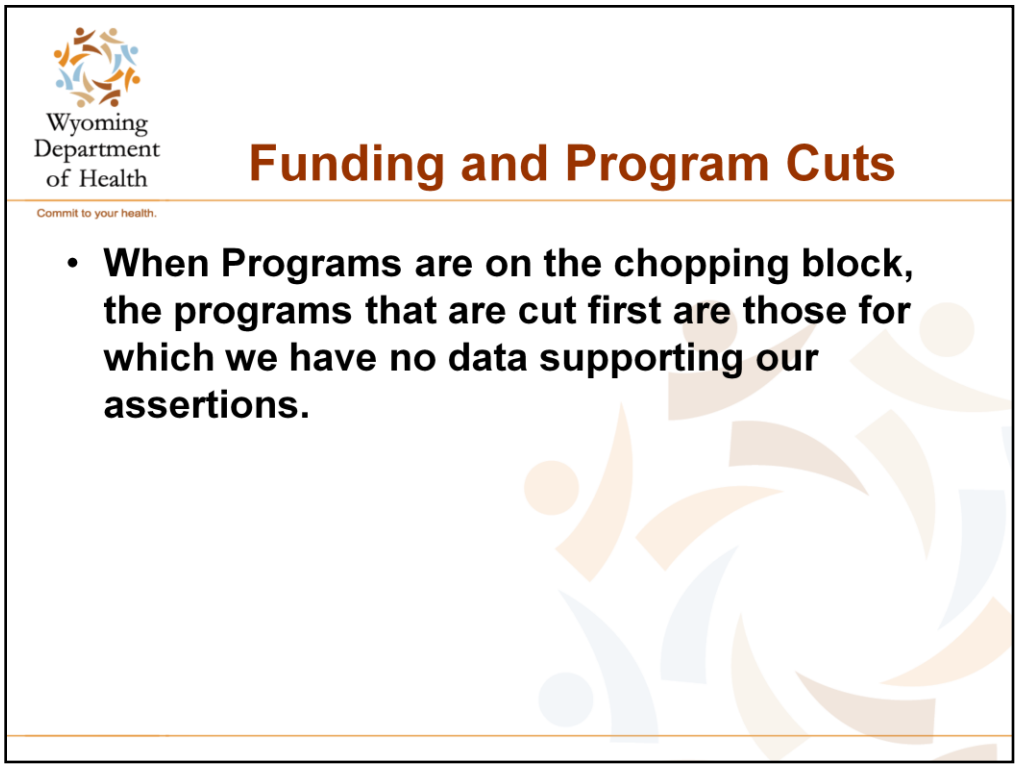


Aging Division Programs are not an entitlement. They come with specific rules relating to the persons targeted for services.

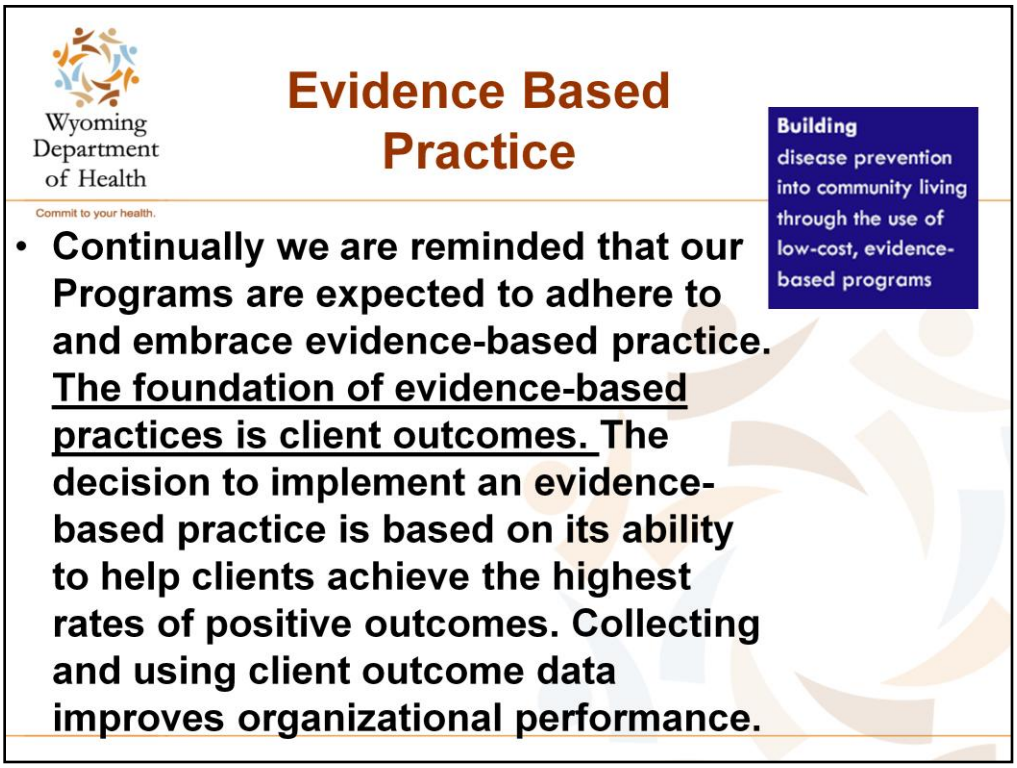


Federal Acquisition Regulation

Requirements for Aging Division oversight are part of the terms for us receiving and distributing the funds. We are not “making up” things to make processes for difficult or cumbersome. We do what we must do in order to secure and maintain the funding.



In these difficult financial times, contributions are down, fiscal cuts are up. Programs that can PROVE their effectiveness are much more likely to be funded than funds that assert their effectiveness but have no hard data to support that.



Yes – Government programs are moving towards an Evidence Based Model.

The Older Americans Act gives instruction on implementing evidence based programs 13 times.

Every Administration on Aging publication contains a message about building disease prevention into community living through the use of low-cost, evidence based programs

These requirements are not new

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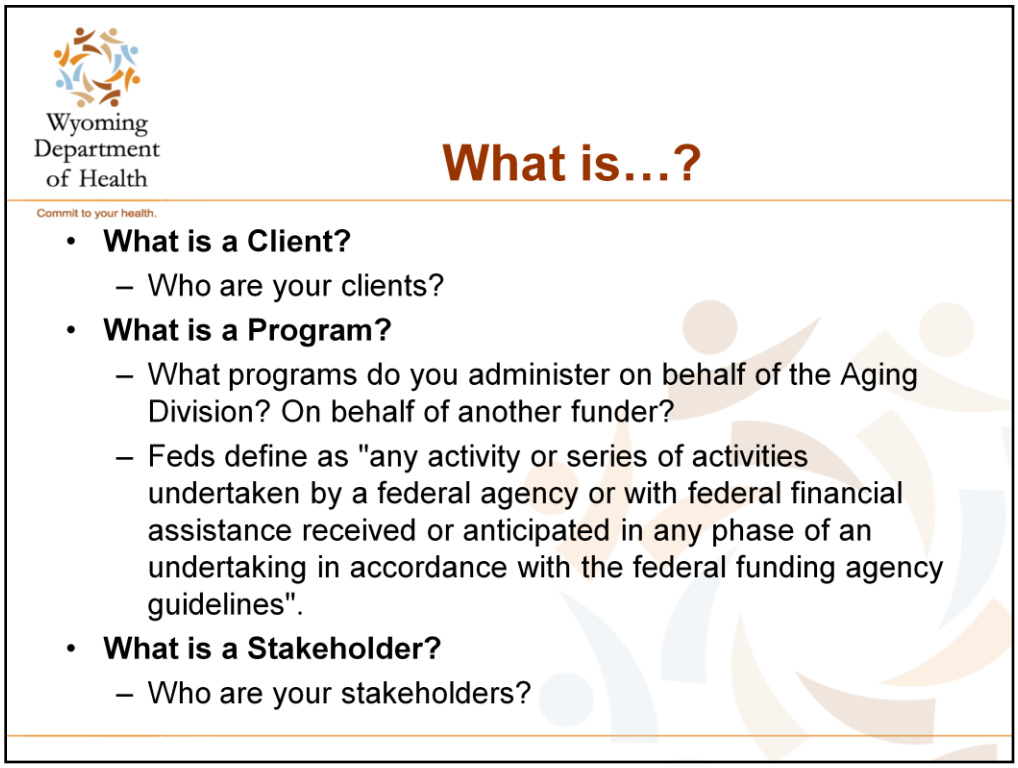
Assumptions

You can lead a horse to water, but…

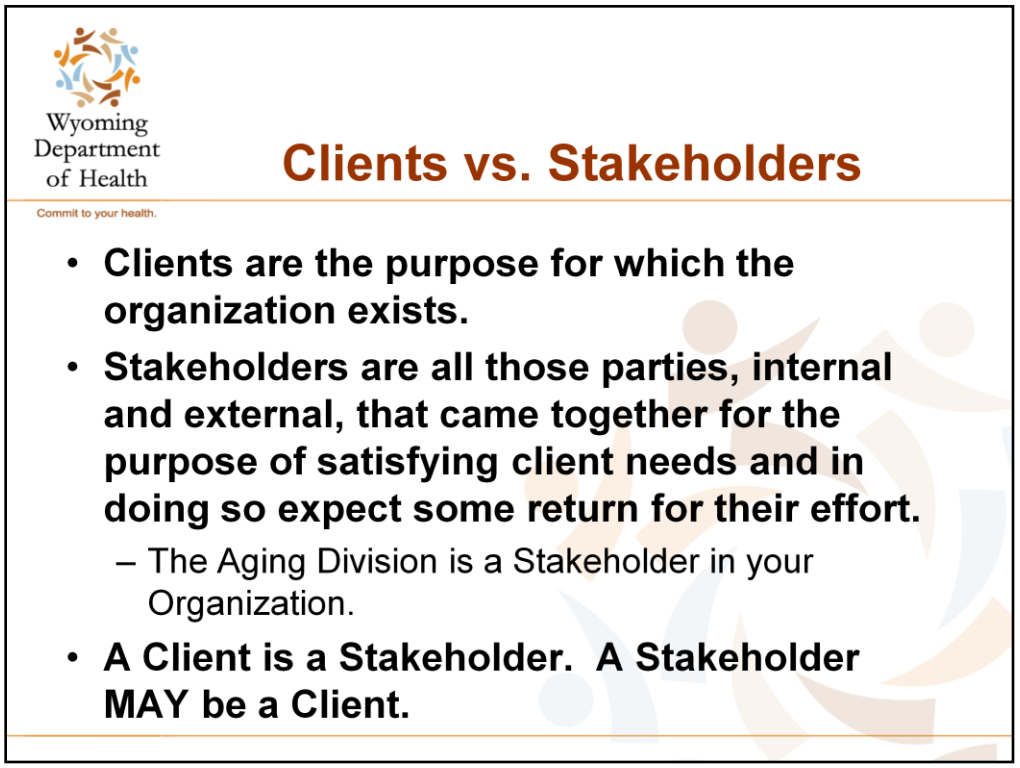
- We are assuming that persons served a meal actually eat it.
- We are assuming that persons who participate in socialization activities actually socialize.



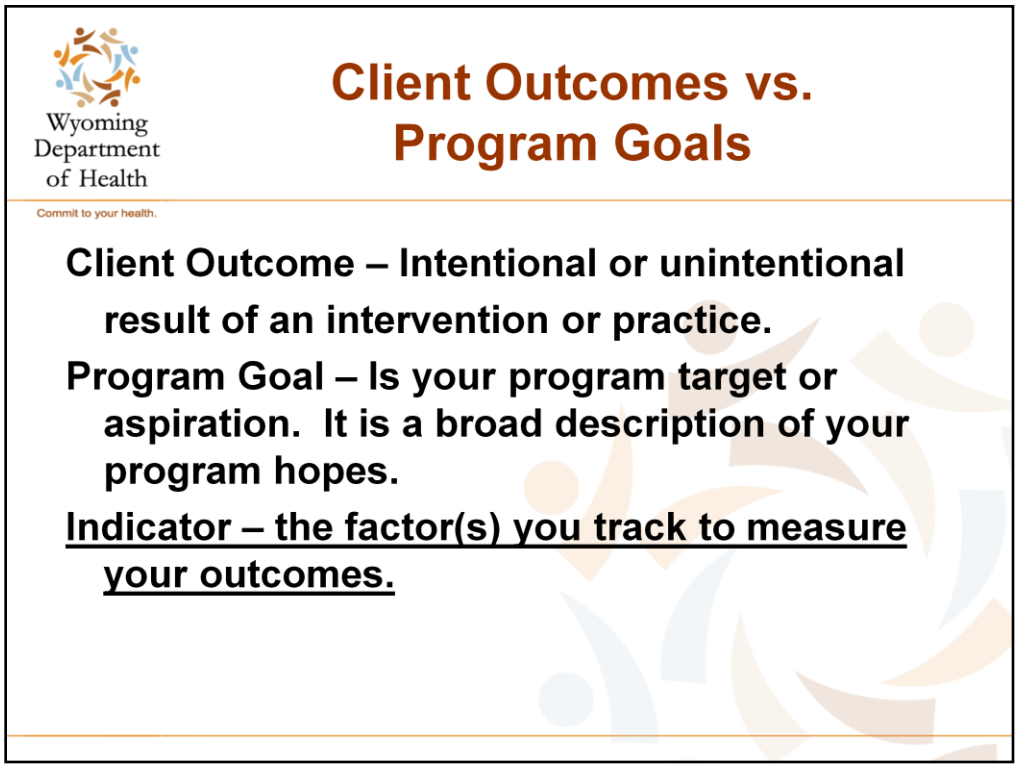
Clients – Persons served by the Program.

Program – Funded program with individual services that benefit the client.

Stakeholders – Parties with a vested interest in the programs success.



The Aging Division, your boards, the Federal Administration on Aging, your clients, your other funders… all are stakeholders in your organization.

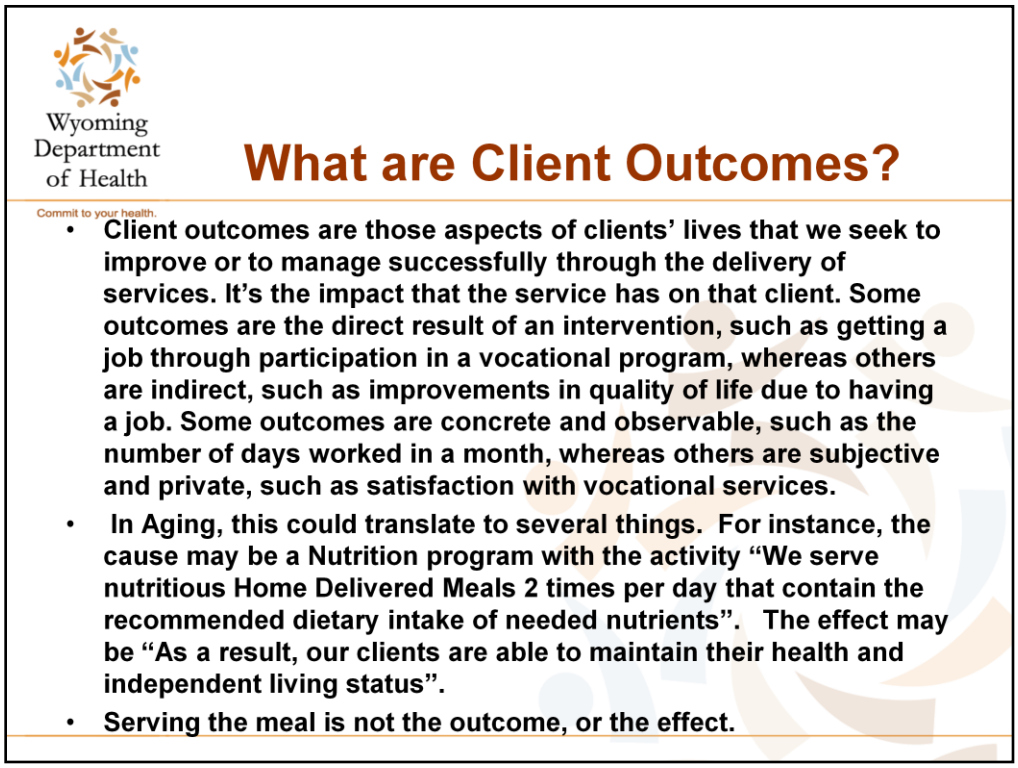


Why do we care? We want to be sure we are meeting our mission.

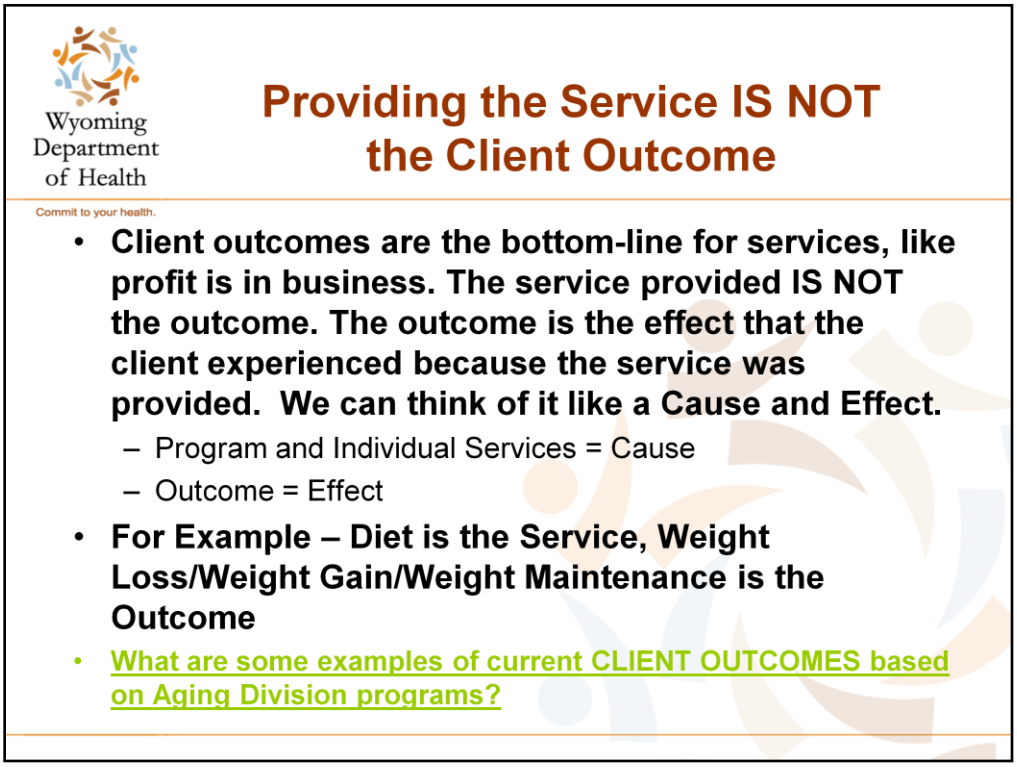
We want to know if we are making a defensible difference in the lives of older adults. This has to have data attached.

We want to demonstrate sufficient evidence to stakeholders of program success or improvement efforts

To help us in Program Development and Continuous Quality Improvement. To help us evaluate what we do and how well we do it.



Client Outcomes are specific to an individual.

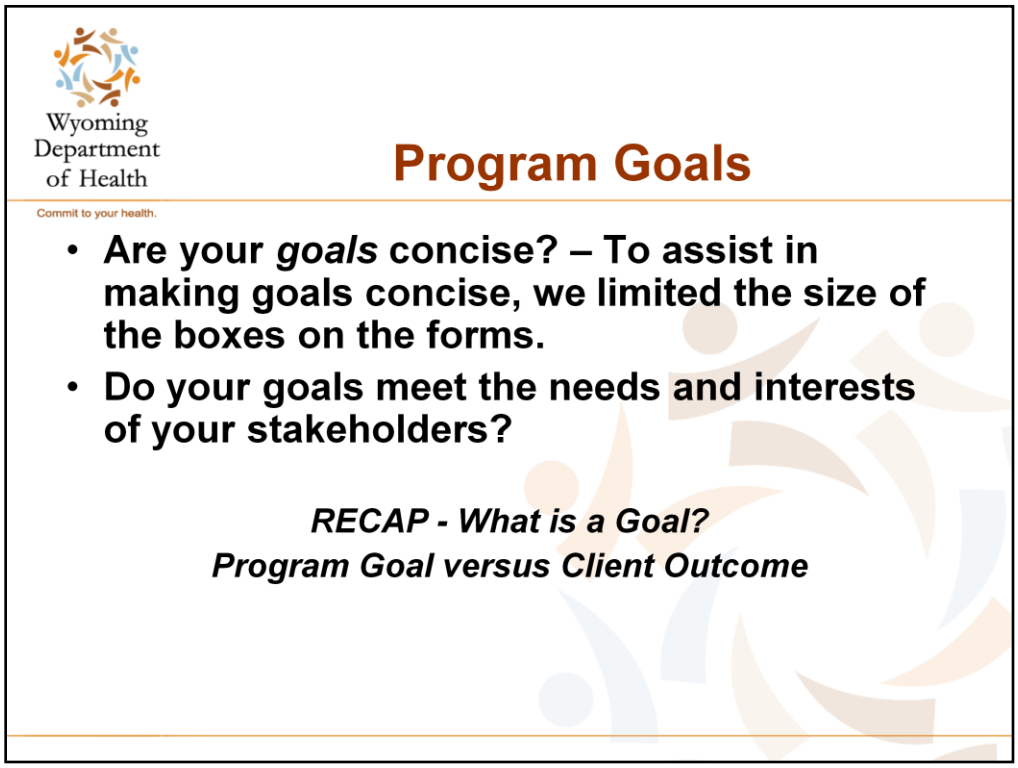


Nutrition is the Program

The Meals, Education, etc. are the Services or Activities for the Program

The Outcome is the change that occurred to the client (e.g. Lower Blood Pressure)

Outcomes must be measured with Objective, not Subjective Data.



Serving 500 clients may be your program goal. It is not your client outcome. The client outcome is the impact that the services under the program had on that individual.

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Grant Questions

- For this/these service(s), what are the outcomes (client results) you want to achieve through this program during this grant year?
- For this/these service(s), describe clearly how you will measure the outcomes (client results) for the program during the grant year, including any tools you will use.
- For this/these service(s), why are these outcomes important?

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Grant Questions (continued)

- **What do you propose to do (your action plan) with the program funded with this grant during the grant period of October 1, 2008 through September 30, 2009?**
  - a. Outcome/Goal
    - A. Action Steps – Describe the steps you will take during this grant period to achieve the goal listed above.
    - B. Timeline – Describe when you will accomplish the steps listed above.

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Grant Application

☒ c. Socialization

A. Describe the specific service(s) you will provide in this category.

Provide socialization: Opportunities to the eligible participants during the grant year include Friday night dinner and dance every other month during the next 12 months, Provision of activities that the majority of the clients enjoy and would like to see continue over time, for example pool, Wii, crafts, hobbies, entertainment, and special events

B. For this/these service(s), what are the outcomes (client results) you want to achieve through this program during this grant year?

1. Decreased Cognitive Decline
2. Decreased Isolation
3. Change in Socialization Pattern

C. For this/these service(s), describe clearly how you will measure the outcomes (client results) for this program during this grant year, including any tools you will use.

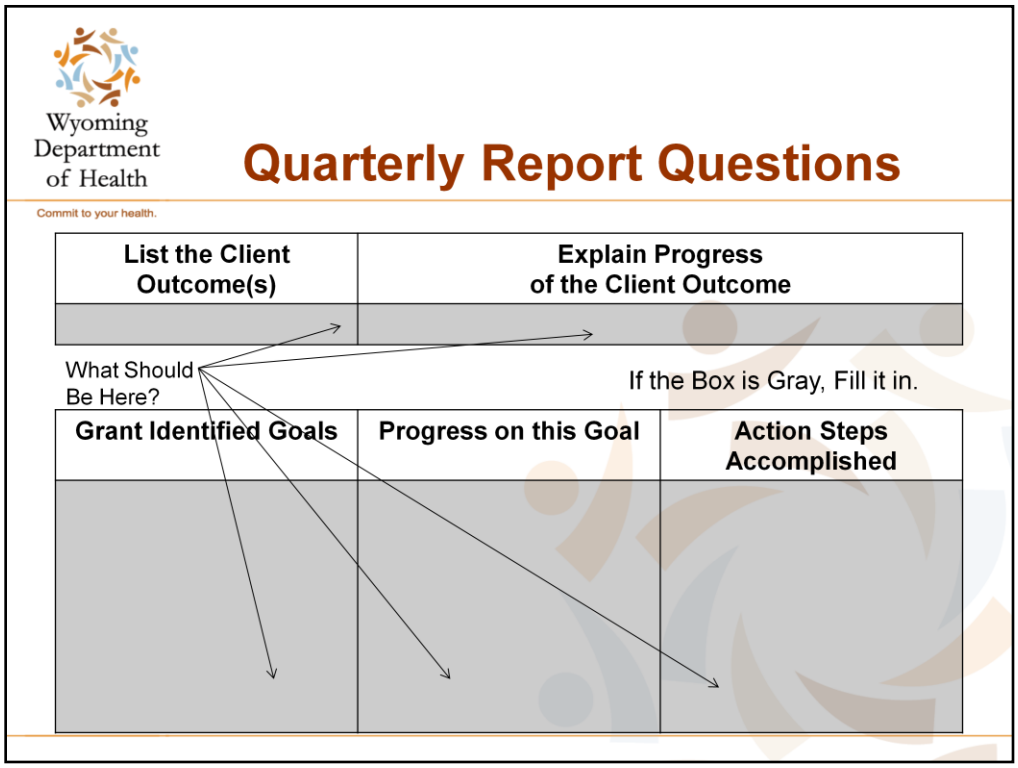
1. Decreased Cognitive Decline, Measurement Tool(s) – Memory Test Pre and Post
2. Decreased Isolation, Measurement Tool(s) – Event Participation Roster, Pre and Post; One on One Interview - Interview Question - In the past 12 months have you felt A: Very Isolated, B: Somewhat Isolated, C: Not Isolated, Pre and Post (or Upon Entry and Again after 12 months)
3. Change in Socialization Pattern, Measurement Tool(s) – Number of outside activities last 6 months, Pre and Post; One on One Interview - Interview Question - In the past 12 months have you been A: Very active in social activities, B: Somewhat active in social activities, C: Not active in social activities, Pre and Post (or Upon Entry and Again after 12 months)

D. For this/these service(s), why are these outcomes important?

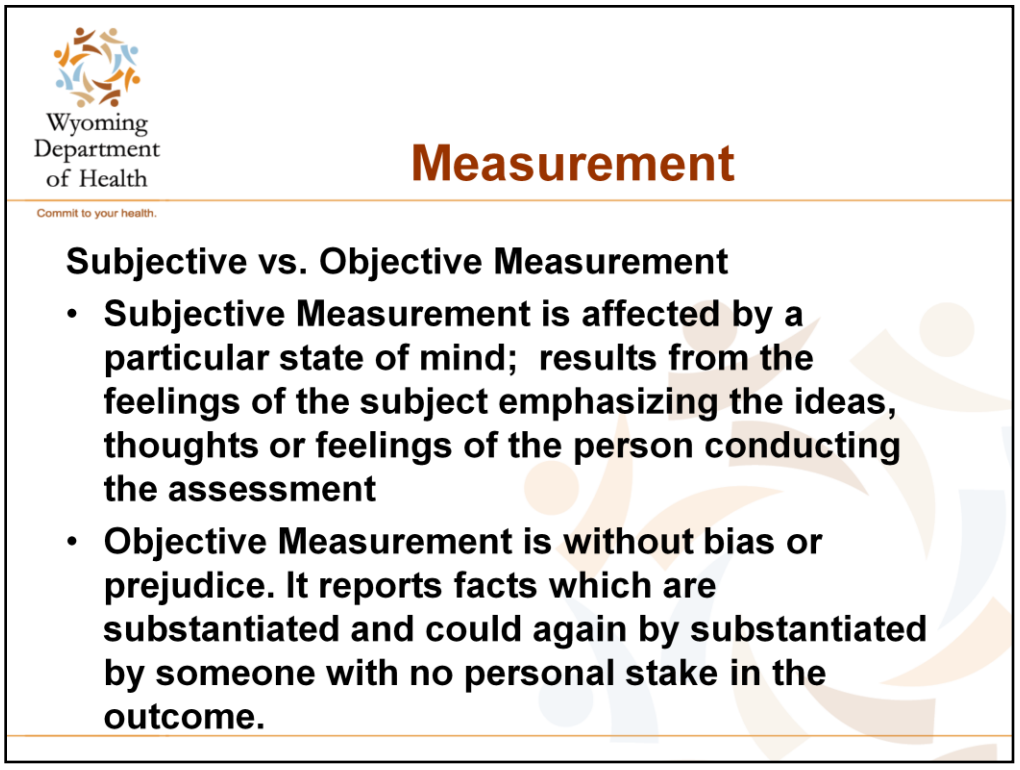
Studies indicate that persons with a high level of social interaction have a decreased decline in cognitive abilities.
Studies indicate that persons who are active in socialization activites have a lower rate of depression.
Studies indicate that persons who are not socially active have more health problems that those who are not socially active.

Cause - Program	Cause - Implementation Steps (Services/Activities)	Effect (Outcome)
Socialization	1. Organize Activity Planning Committee – Date 1-22-2009 2. Hold 1st meeting, determine activities for upcoming year, audience, PR campaign for activities – Date 2-15-2009 3. Develop Event Brochure – Date 3 -1-2009 4. Distribute Event Brochures to Clients, Physicians Offices, Post Ad in Paper, Post Ad on Cable Access Station – Date 3-15-2009 5. Hold Memory Seminar Part 1 – Provide for memory testing of individuals at seminar – Date 4-15-2009 6. 1st Activity – Spring Dance – Date 5-15-2009 7. 2nd Activity – Fourth of July Picnic – Date 7-4-2009 8. 3rd Activity – August Day Trip to Yellowstone National Park – Date 8-22-2009 9. 4th Activity – Movie and Pizza Night – Date 9-28-2009 10. 5th Activity – Halloween Dance – Date 10-31-2009 11. Hold Memory Seminar Part 2 - Provide for 2nd memory test of individuals at seminar – Date 11-15-2009	Decreased Cognitive Decline, Measurement Tool – Memory Test Pre and Post Decreased Isolation, Measurement Tool – Event Participation Roster, Pre and Post Positive Change in Socialization Pattern, Measurement Tool – Number of outside activities last 6 months, Pre and Post

The individual activities may be measured for effectiveness internally.



Provide progress on the goals (or revised goals) AND action steps listed on the 2009 grant application in question 5 for this program for the last three (3) months



Subjective measurement is hard, if not impossible to prove. A subjective measurement may be “John is a nice guy”. This indicator could different depending on who you ask this question of.

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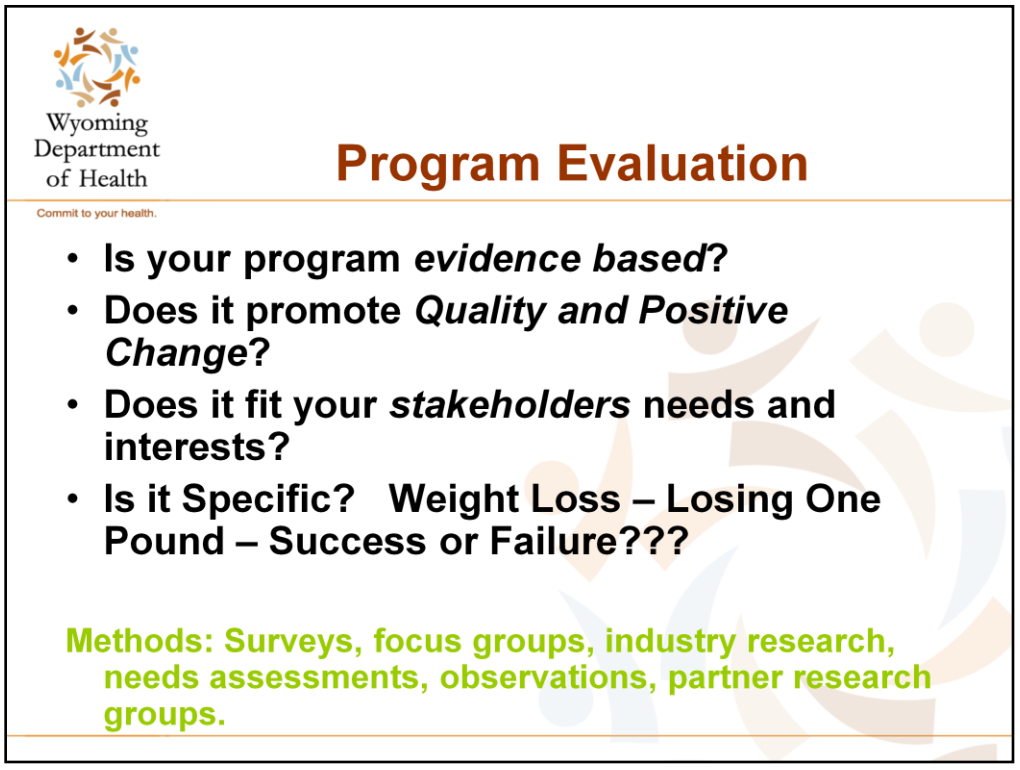
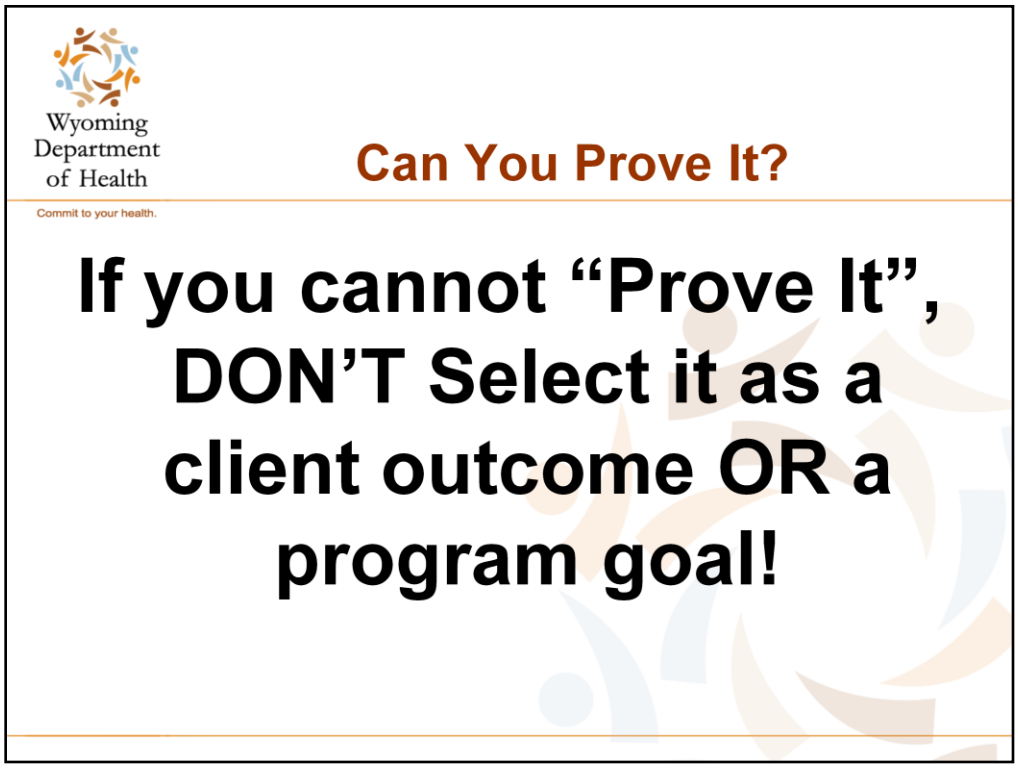
Client Outcome Measurement

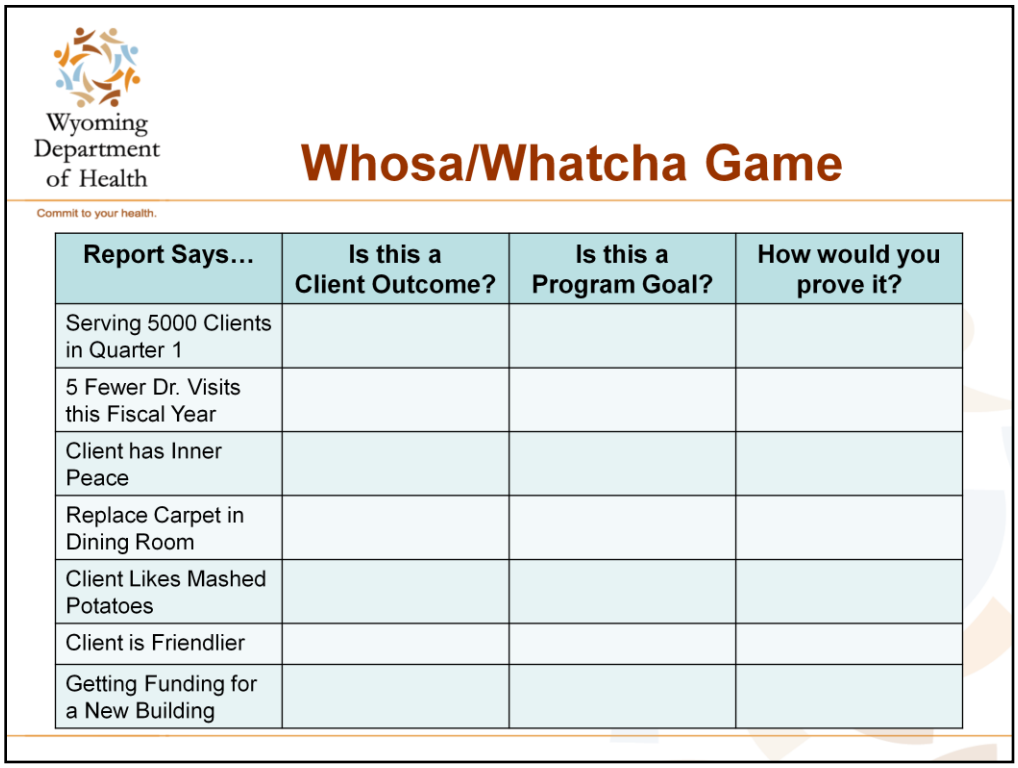
- **A client outcome must be able to be measured. If you indicate that the outcome is that the client "maintains their health", can you measure this? If you indicate that the outcome is that the client "maintains an independent living status", can you measure this? Measuring their independent living status is probably much more direct than measuring their health, but if you have a baseline in their health, measuring the change in that baseline can be accomplished. Measurement is how we "Prove It" when we are challenged on the effectiveness of a program.**



You may already be able to use existing information - you are currently collecting information about the client such as nutritional risk, activities of daily living numbers and scores, instrumental activities of daily living numbers and scores, living alone, being a caregiver, age as related to how long a person has been on a particular service, pre and post questions for any activity that is being measured, surveys of clients, etc. ADLs and IADLs are specific measurable items. They are objective and can be tracked.



You may only have 1, 2 or 3 outcomes or goals. If you have a selected a client outcome or program goal that is difficult to prove, select a different outcome.



If you think a result is a client outcome or a program goal, and you can justify, defend and prove that, we will consider it.

Report Says…

Serving 5000 Clients in Quarter 1 – Program Goal – Sams, Meal Summaries

5 Fewer Dr. Visits this Fiscal Year – Client Outcome – Same data must exist for last fiscal year – One on One Survey – Results Documented and Maintained

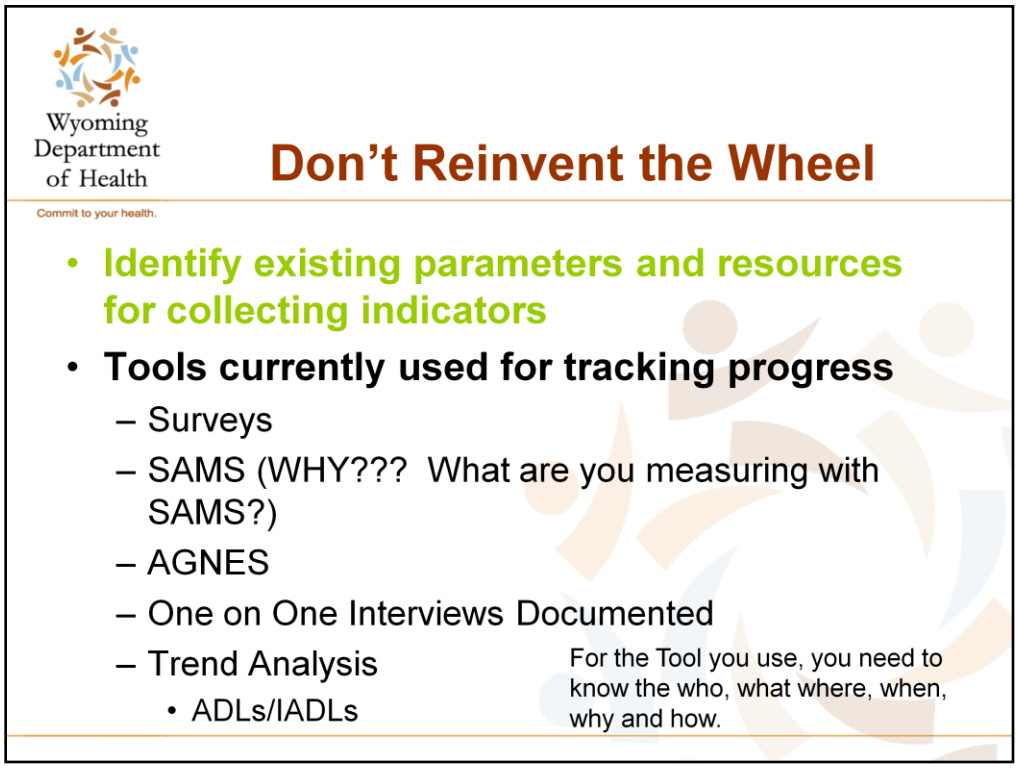
Client has Inner Peace – COULD be a Client Outcome, however you could never prove this with OBJECTIVE Data.

Replace Carpet in Dining Room – Could be a Program Goal – Tie to Provision of Services

Client Likes Mashed Potatoes – Not a Client Outcome or a Program Goal.

Client is Friendlier - Not a Client Outcome, This is ENTIRELY subjective

Getting Funding for a New Building – Could be a Program Goal – Tie to Provision of Services



What are you measuring?

How are you measuring?

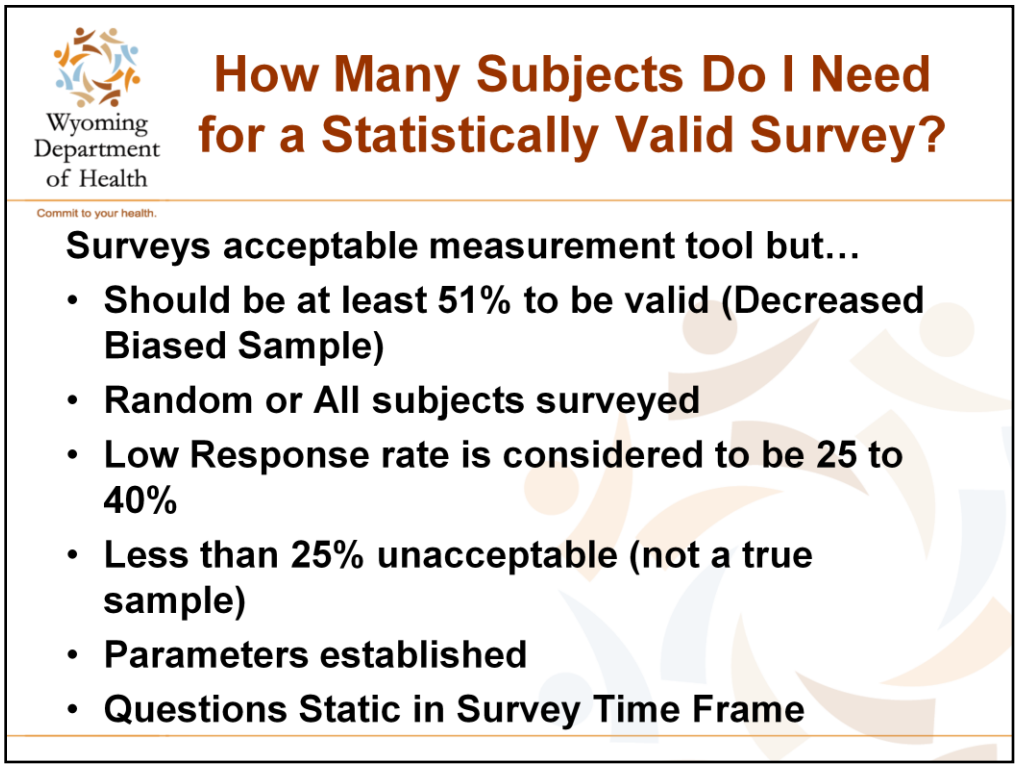
What questions are you asking?

Are the questions remaining the same?

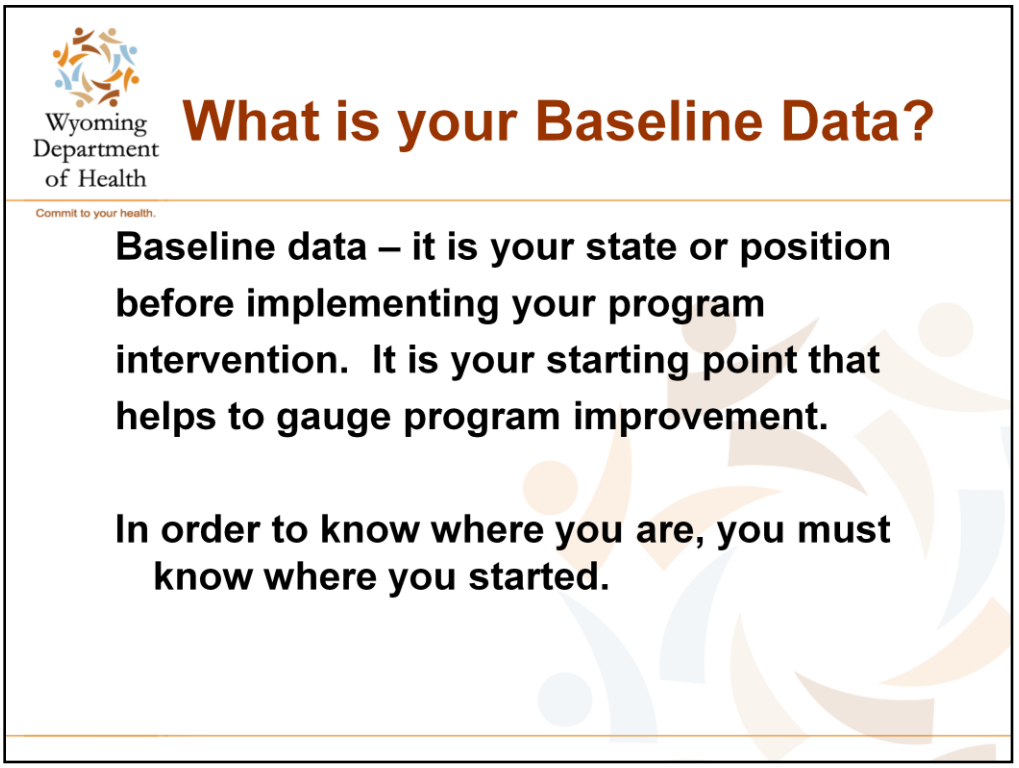
Why are you using this tool/question?

Etc…

Some tools have a myriad of information that you can use. You need to be specific on what you are going to use and HOW.



We have all been “surveyed to death”. Most of us dread them, unless there is an INCENTIVE involved (e.g. cash, free meal, free something, etc.)



Imagine a School Teacher that each week has a new list of spelling words. To truly gauge how much they learn, she gives them a pre-test of all of the words that they will study that week. This pre-test established the baseline. At the end of the week, she gives them a final test, this establishes where they ended up.

Baseline assessment – State or position before the intervention activities are put in place.

Formative assessment - Formative assessment is generally carried out throughout a course or project. A formative assessment is used to aid learning. For instance, in an educational setting, formative assessment might be a teacher, providing feedback on a student's work, and would not necessarily be used for grading purposes. Formative assessment is what is happening when you are measuring the effectiveness of individual activities within a program.

Summative assessment - Summative assessment is generally carried out at the end of a specified time frame for a final assessment. For instance, in an educational setting, summative assessments are typically used to assign students a course grade. For an Aging Program, the final assessment of a client's outcome would be the summative assessment.

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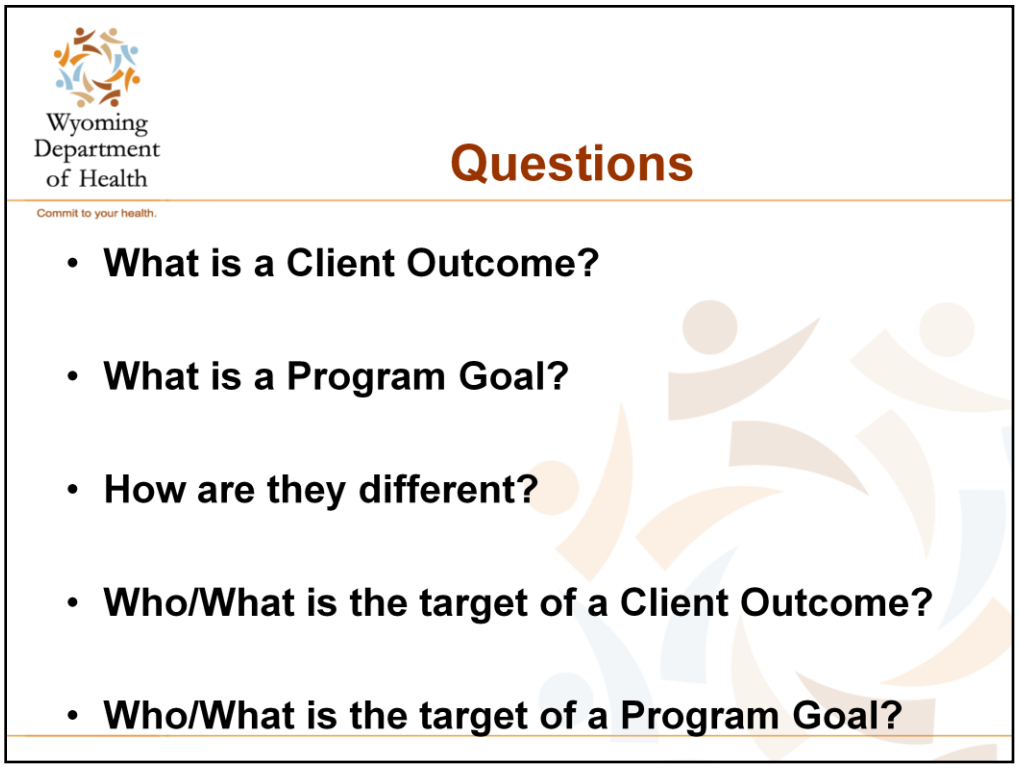
Sample Timeline

A Timeline is SPECIFIC. It has Specific Dates when activities will be performed. Those Dates are DEADLINES.

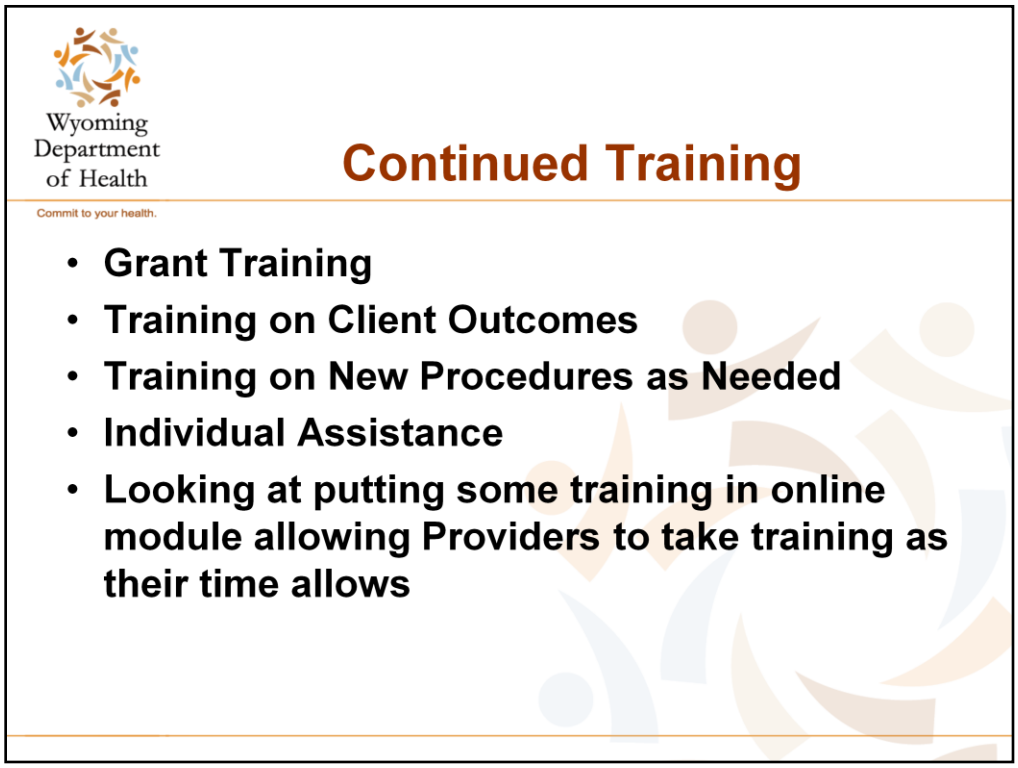
Action Steps	Due Date	Current Progress	Actual Date Completed
Conduct Baseline Survey	10-1-2008	Completed	11-15-2008
Conduct Focus Group Meeting re Spanish Brochure	11-20-2008	Focus Group Assembled. Meeting Held	11-22-2008
1st Quarter Survey	12-25-2008	Delayed due to Building Flood, Holidays and availability of clients.	1-21-2009
Design Spanish Nutrition Brochure	12-15-2008	Worked with Focus Group to determine contents of Brochure in English. – Delayed due to Holidays and availability of Focus Group Members.	1-15-2009
2nd Quarter Survey	3-17-2009	Planned – No Progress	
Translate Spanish Brochure	4-15-2009	Planned – No Progress	
3rd Quarter Survey	6-25-2009	Planned – No Progress	
Distribute Spanish Brochure	7-1-2009	Planned – No Progress	
4th Quarter and Final Survey	9-25-2009	Planned – No Progress	

Timelines correlate to action steps. They are specific to a date and activity.

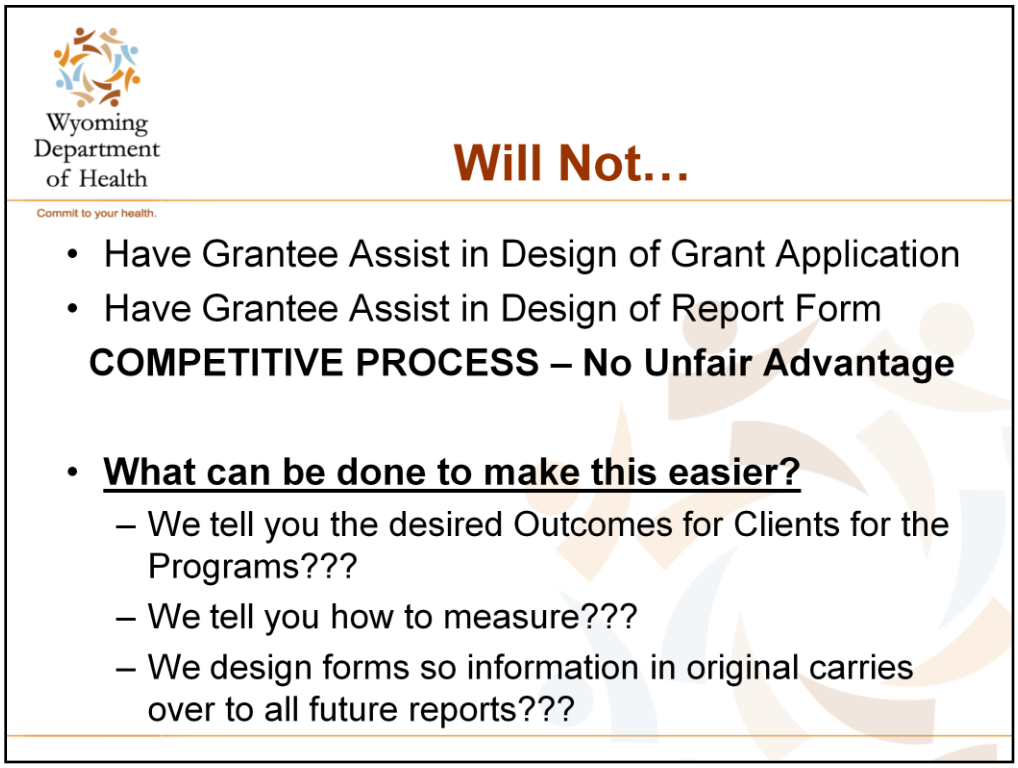
“Within this grant year” is NOT a timeline.



Review – Do you know the Answers to these questions?



We will continue to provide training. We will look at putting some of the training online so you can take it at your leisure or as a refresher. Will also give new employees in Provider organizations the opportunity to review training when current live classes are not offered.



Overwhelmingly, we have heard that providers feel that it would be easier for them if we tell them the desired outcomes for clients, how to measure, etc. We are exploring ways to do this.

Not every decision that we have to make will be popular. We know this, but please understand that we have requirements that we must follow through on. Our providers will be affected by those requirements. We strive to do all we can to assist with these changes, but Change, nonetheless, is a necessity.

Programs have Services and Activities

Those Activities and Services will have impact on the client.

That impact creates the Client outcome.

Client outcome is measured using defensible, objective measurement tools.

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Thank you for your participation!

Please contact the Aging Division at
307-777-7986 or
1-800-442-2766
if you have any questions or need assistance